Certification of Payments to Influence Federal Transactions

U.S. Department of Housing and Urban Development Office of Public and Indian Housing

Applicant Name NOBLE METROPOLITAN HOUSING AUTHORITY	
Program/Activity Receiving Federal Grant Funding PUBLIC HOUSING / HOUSING CHOICE VOUCHER / CAPITA	L FUND
The undersigned certifies, to the best of his or her knowledge and	d belief, that:
(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement. (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.	(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.
I hereby certify that all the information stated herein, as well as any inf Warning: HUD will prosecute false claims and statements. Conviction ma (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802) Name of Authorized Official JOLINDA BARANICH	formation provided in the accompaniment herewith, is true and accurate. By result in criminal and/or civil penalties. Title Executive Director
Signature	Date (mm/dd/yyyy)
Agli de M	1.12.10

DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB 0348-0046

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

(See reverse for public burden disclosure.)

1. Type of Federal Action:	2. Status of Federa	l Action:	3. Report Type:	
A a. contract	B a. bid/o	ffer/application	A a. initial fil	ing
b. grant	b. initial	award	b. materia	l change
c. cooperative agreement	c. post-	award	For Material	Change Only:
d. loan			year	quarter
e. loan guarantee			date of las	st report
f. loan insurance				
4. Name and Address of Reportin	g Entity:	1	•	ubawardee, Enter Name
▼ Prime		and Address of		
Tier	, if known:		POLITAN HOUSING	
		1	100 MAPLE COURT	
		CAMBRIDGE O	H 43725	
	4]		
Congressional District, if known	η; 4c		District, if known:	
6. Federal Department/Agency:		7. Federal Progra	m Name/Descripti	on:
U.S.DEPT OF HOUSING & URBA	N DEVE			
		OFDA Marian		
		CFDA Number, I	if applicable:	
8. Federal Action Number, if know	n.	9. Award Amount	if known •	
o. i edetal Action Named, ii know	.,,	s	, , , , , , , , , , , , , , , , , , , ,	
		<u> </u>		
10. a. Name and Address of Lobb				(including address if
(if individual, last name, first i	name, MI):	different from N	•	
		(last name, first	t name, MI):	
		1	1 th	
11. Information requested through this form is authorized 1352. This disclosure of lobbying activities is a m	ed by title 31 U.S.C. section aterial representation of fact	Signature:	14-11-	
upon which reliance was placed by the tier above wh or entered into. This disclosure is required pursua		Print Name: JOLI	NDA BARANICH	
information will be available for public inspection. A	ny person who fails to file the	Title: Executive Dir		
required disclosure shall be subject to a civil penalty not more than \$100,000 for each such failure.	DETROCHESS THAIT \$10,000 and			D-1 / /0 - 1
		Telephone No.: <u>(7</u>	70,737-0031	Date: <u>/ / / 3 · / 0</u>
Federal Use Only:				Authorized for Local Reproduction
i cuciai use viny.				Standard Form LLL (Rev. 7-97)

Certification by State or Local Official of PHA Plans Consistency with the Consolidated Plan U.S. Department of Housing and Urban Development Office of Public and Indian Housing Expires 4/34/2011

Certification by State or Local Official of PHA Plans Consistency with the Consolidated Plan

	the President Notes County Commissioners certify that the Five Year and
Annual PHA Plan of the	Mobile Metropoliton Housing Authority is consistent with the Consolidated Plan of
Noble County	prepared pursuant to 24 CFR Part 91.

Robert Now 1/12/10

Signed / Dated by Appropriate State or Local Official

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

a Drug-Free workhiace	
Applicant Name Noble Metropolitam Hons Program/Activity Receiving Federal Grant Funding	is Authority
Acting on behalf of the above named Applicant as its Authorizathe Department of Housing and Urban Development (HUD) regar	ed Official, I make the following certifications and agreements to ding the sites listed below:
I certify that the above named Applicant will or will continue to provide a drug-free workplace by: a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.	 Abide by the terms of the statement; and Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction; Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction.
 b. Establishing an on-going drug-free awareness program to inform employees (1) The dangers of drug abuse in the workplace; (2) The Applicant's policy of maintaining a drug-free workplace; 	Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
 (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace. c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.; d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will 	f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency; g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.
2. Sites for Work Performance. The Applicant shall list (on separate p HUD funding of the program/activity shown above: Place of Perfor Identify each sheet with the Applicant name and address and the program of the p	pages) the site(s) for the performance of work done in connection with the mance shall include the street address, city, county, State, and zip code.
Check here if there are workplaces on file that are not identified on the atta. I hereby certify that all the information stated herein, as well as any interest warning: HUD will prosecute false claims and statements. Conviction ma (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802) Name of Authorized Official To [] n d a Barani C	formation provided in the accompaniment herewith, is true and accurate.

PHA Certifications of Compliance with PHA Plans and Related Regulations

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

PHA Certifications of Compliance with the PHA Plans and Related Regulations: Board Resolution to Accompany the PHA 5-Year and Annual PHA Plan

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the \$\frac{20}{10} \frac{1}{5}\$-Year and/or \$\frac{10}{10} \frac{1}{10}\$ Annual PHA Plan for the PHA fiscal year beginning \$\frac{1}{20} \frac{1}{10}\$, hereinafter referred to as" the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

- 1. The Plan is consistent with the applicable comprehensive housing affordability strategy (or any plan incorporating such strategy) for the jurisdiction in which the PHA is located.
- 2. The Plan contains a certification by the appropriate State or local officials that the Plan is consistent with the applicable Consolidated Plan, which includes a certification that requires the preparation of an Analysis of Impediments to Fair Housing Choice, for the PHA's jurisdiction and a description of the manner in which the PHA Plan is consistent with the applicable Consolidated Plan.
- 3. The PHA certifies that there has been no change, significant or otherwise, to the Capital Fund Program (and Capital Fund Program/Replacement Housing Factor) Annual Statement(s), since submission of its last approved Annual Plan. The Capital Fund Program Annual Statement/Annual Statement/Performance and Evaluation Report must be submitted annually even if there is no change.
- 4. The PHA has established a Resident Advisory Board or Boards, the membership of which represents the residents assisted by the PHA, consulted with this Board or Boards in developing the Plan, and considered the recommendations of the Board or Boards (24 CFR 903.13). The PHA has included in the Plan submission a copy of the recommendations made by the Resident Advisory Board or Boards and a description of the manner in which the Plan addresses these recommendations.
- 5. The PHA made the proposed Plan and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the Plan and invited public comment.
- 6. The PHA certifies that it will carry out the Plan in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990.
- 7. The PHA will affirmatively further fair housing by examining their programs or proposed programs, identify any impediments to fair housing choice within those programs, address those impediments in a reasonable fashion in view of the resources available and work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement and maintain records reflecting these analyses and actions.
- 8. For PHA Plan that includes a policy for site based waiting lists:
 - The PHA regularly submits required data to HUD's 50058 PIC/IMS Module in an accurate, complete and timely manner (as specified in PIH Notice 2006-24);
 - The system of site-based waiting lists provides for full disclosure to each applicant in the selection of the development in which to reside, including basic information about available sites; and an estimate of the period of time the applicant would likely have to wait to be admitted to units of different sizes and types at each site;
 - Adoption of site-based waiting list would not violate any court order or settlement agreement or be inconsistent with a pending complaint brought by HUD;
 - The PHA shall take reasonable measures to assure that such waiting list is consistent with affirmatively furthering fair housing;
 - The PHA provides for review of its site-based waiting list policy to determine if it is consistent with civil rights laws and certifications, as specified in 24 CFR part 903.7(c)(1).
- 9. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
- 10. The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
- 11. The PHA will comply with the requirements of section 3 of the Housing and Urban Development Act of 1968, Employment Opportunities for Low-or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.

- 12. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.
- 13. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105(a).
- 14. The PHA will provide the responsible entity or HUD any documentation that the responsible entity or HUD needs to carry out its review under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 58 or Part 50, respectively.
- 15. With respect to public housing the PHA will comply with Davis-Bacon or HUD determined wage rate requirements under Section 12 of the United States Housing Act of 1937 and the Contract Work Hours and Safety Standards Act.
- 16. The PHA will keep records in accordance with 24 CFR 85.20 and facilitate an effective audit to determine compliance with program requirements.
- 17. The PHA will comply with the Lead-Based Paint Poisoning Prevention Act, the Residential Lead-Based Paint Hazard Reduction Act of 1992, and 24 CFR Part 35.
- 18. The PHA will comply with the policies, guidelines, and requirements of OMB Circular No. A-87 (Cost Principles for State, Local and Indian Tribal Governments), 2 CFR Part 225, and 24 CFR Part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local and Federally Recognized Indian Tribal Governments).
- 19. The PHA will undertake only activities and programs covered by the Plan in a manner consistent with its Plan and will utilize covered grant funds only for activities that are approvable under the regulations and included in its Plan.
- 20. All attachments to the Plan have been and will continue to be available at all times and all locations that the PHA Plan is available for public inspection. All required supporting documents have been made available for public inspection along with the Plan and additional requirements at the primary business office of the PHA and at all other times and locations identified by the PHA in its PHA Plan and will continue to be made available at least at the primary business office of the PHA.
- 21. The PHA provides assurance as part of this certification that:

Previous version is obsolete

- (i) The Resident Advisory Board had an opportunity to review and comment on the changes to the policies and programs before implementation by the PHA;
- (ii) The changes were duly approved by the PHA Board of Directors (or similar governing body); and
- (iii) The revised policies and programs are available for review and inspection, at the principal office of the PHA during normal business hours.
- 22. The PHA certifies that it is in compliance with all applicable Federal statutory and regulatory requirements.

Noble MHA	OH 069
PHA Name	PHA Number/HA Code
5-Year PHA Plan for Fiscal Years 20 10 - 20 1 Annual PHA Plan for Fiscal Years 20 10 - 20 1 I hereby certify that all the information stated herein, as well as any information provide prosecute false claims and statements. Conviction may result in criminal and/or civil p	ded in the accompaniment herewith, is true and accurate. Warning: HUD will
Name of Authorized Official	Title
Dennis T. Gerst	Chairnan
x Dernes 7. Gerst	Date 1-17-10
	•

Page 2 of 2

form HUD-50077 (4/2008)

PHA	5-	Year	and
Annu	al	Plan	

U.S. Department of Housing and Urban Development Office of Public and Indian Housing

OMB No. 2577-0226 Expires 4/30/2011

									
1.0	PHA Information PHA Name: Noble Metropolitan Housing	. A		PHA Code: OH069					
		h Performing	☐ Standard	HCV (Section 8)					
	PHA Fiscal Year Beginning: (MM/YYY)	(): 04/2010	Standard	LITTLY (Section 8)					
		.)							
2.0	Inventory (based on ACC units at time o	f FY beginnin				****			
	Number of PH units: 28		Number of HCV units: 9	2					
3.0	Submission Type								
•	X 5-Year and Annual Plan	Annua Annua	l Plan Only	5-Year Plan Only					
4.0									
1.0	PHA Consortia] PHA Consor	tia: (Check box if submitting a joi	int Plan and complete table b	elow.)				
		DILA	Decree of Starte tells of	B XX	No. of Uni	ts in Each			
-	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	Program				
		Code	Collsortia	Consortia	PH	HCV			
	PHA I:								
	PHA 2:								
	PHA 3:								
5.0	5-Year Plan. Complete items 5.1 and 5.2	only at 5-Yea	r Plan update.						
5.1	Mission. State the PHA's Mission for ser	wing the need	of low-income, very low-income	and extremely low income	familias in the I	DLY A 'o			
5.1	jurisdiction for the next five years:	ving the need:	s of low-income, very low-income	s, and extremely low moome	rammes in the r	TIA S			
	Noble Metropolitan Housing Authority is	committed to	building stronger communities b	v providing quality housing o	options coupled	with			
	professional services for residents in our j			,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
5.2	Goals and Objectives. Identify the PHA								
	low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals								
	and objectives described in the previous 5								
	 Expand the supply of Assisted Improve the quality of Assiste 								
	3) Increase Assisted Housing Che								
	4) Provide an Improved Living E								
	5) Promote Self-Sufficiency in a		ne						
	Ensure Equal Opportunity and								
	Noble MHA has met several of its goals f	rom the previo	ous 5-Year Plan. NMHA improved	d specific management functi	ons that include	improvement			
	to our Section and Public Housing Progra								
	modernized many units of Public Housing			ns. NMHA has offered outre:	ach to potential	Housing			
	Choice Voucher landlords and continues	o affirmatively	y further Fair Housing,						
	Statement In Regard to VAWA The Noble Metropolitan Housing Authori	ty adopted rev	icione to it Public Housing Admis	scione and Continued Occum	nov Policy and	ite Caption 9			
	Housing Choice Voucher Program Admir								
	adopted by Resolution of the Board of Co								
ŀ	Housing Authority notified residents of th	e Public Hous	ing Program and the Section 8 Ho	ousing Choice Voucher Progr	am through writ	tten mail of			
	the requirements of the Violence Against	Women Act ir	February of 2008, and also incor	porated that information in it	s Housing Choi	ce Voucher			
	Program briefings and Public Housing lea								
	Voucher Program were given training and								
	The Noble Metropolitan Housing Authori								
	victims of domestic violence, dating viole								
	always makes appropriate referrals when Authority has a working relationship with								
	victims of domestic violence, dating viole		•	•					
	prevention and support services to individ				ou, woulden, U	ounsemis,			
6.0	PHA Plan Update								
1	(a) Identify all PHA Plan elements that h	ave been revis	sed by the PHA since its last Annu	ual Plan submission: Nothing	has been revise	đ			
	(b) Identify the specific location(s) where	the public ma							
	elements, see Section 6.0 of the instru								
1	Copies of the Plan may be obtained from	the main office	e located at 1100 Maple Court, Ca	ımbridge, Ohio 43725.					
	NE STERMA SERVE NESS	n		4: 0	[K				
7.0	Hope VI, Mixed Finance Modernization Programs, and Project-based Vouchers				Housing, Home	ownership			
	rrograms, and rroject-based vouchers	. inciuae state	ements retated to these programs	из аррисавіе.					
8.0	Capital Improvements. Please complete	Parts 8.1 thro	ugh 8.3, as applicable. See attach	ed report					
0.0	Captain Kings O' Camerins I touch builting	- 4 3.1 1110	-oo., ao appronone. Dev attaon						

8.1	Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the Capital Fund Program Annual Statement/Performance and Evaluation Report, form HUD-50075.1, for each current and open CFP grant and CFFP financing.
8.2	Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the Capital Fund Program Five-Year Action Plan, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.
8.3	Capital Fund Financing Program (CFFP). Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.
9.0	Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.
	There are 172 families on the waiting list for the HCVP. 85% of the families are extremely love-income, 15% are very low income and 0% are low income. There are 114 families with children, 4 elderly families, and 1 family with disabilities. 53 were non-elderly, non-disable families without children.
	There are 3 families on the waiting list for Public Housing. All three are extremely low-income. One is a family with children and 2 are not.
9.1	Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan. NMHA plans to continue to address housing needs of families. Under the Section 8 Housing Choice Voucher Program NMHA will make application for additional vouchers should the opportunity present itself. NMHA will continue to affirmatively further fair housing and market the HCV Program to attract new landlords.
	Additional Information. Describe the following, as well as any additional information HUD has requested.
10.0	(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan. The Plan submitted this year is the first of the 5-Year and Annual Plan. Therefore there is no progress to report.
	(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification" Substantial Deviation from the 5-Year Plan – Any change to the NMHA's Mission will be considered a substantial deviation.
	Substantial Deviation from the 3-real Fiant — Any change to the NMFA's Mission with be considered a substantial deviation. Significant Amendment or Modification to the Annual Plan — Any change to NMHA's Annual Plan that alters NMHA's goals or objectives.
11.0	Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following
11.0	documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.
	(a) Form HUD-50077, PHA Certifications of Compliance with the PHA Plans and Related Regulations (which includes all certifications relating to Civil Rights)
	 (b) Form HUD-50070, Certification for a Drug-Free Workplace (PHAs receiving CFP grants only) (c) Form HUD-50071, Certification of Payments to Influence Federal Transactions (PHAs receiving CFP grants only)
	(d) Form SF-LLL, Disclosure of Lobbying Activities (PHAs receiving CFP grants only)
	 (e) Form SF-LLL-A, Disclosure of Lobbying Activities Continuation Sheet (PHAs receiving CFP grants only) (f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.
	Community Service: I agree that they should provide proof of their job search activities. Live-In Aides background check: That's good. This should be done. Sending EIV printout with annual paperwork: This should be done. I understand. Informing of rights under VAWA: I like this policy.
	There were no recommendations from the RAB. They were supportive of the changes made this past year as evidenced by their comments.
	 (g) Challenged Elements (h) Form HUD-50075.1, Capital Fund Program Annual Statement/Performance and Evaluation Report (PHAs receiving CFP grants only) (i) Form HUD-50075.2, Capital Fund Program Five-Year Action Plan (PHAs receiving CFP grants only)

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

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or (CFP/CFPI	Federal FY of Grant: 2009	Total Actual Cost	Funds Obligated)	, , , , , , , , , , , , , , , , , , ,			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		The state of the s										Hildiration is transfer to manners or an income of an income of the inco	
using Facto		nated Cost	Revised	9,050	3,834	1,000	10,000	4,500	2,000	7,000	3,500	6,000	2,100	28,000	3,000	2,000	500	4,000	000 30	000,52	1,500
icement 110	Grant Type and Number Capital Fund Program Grant No: OH16 P069 50109 Replacement Housing Factor Grant No:	Total Estimated Cost	Original	0	3,834	1,000	10,000	2,000	2,000	3,500	500	3,000	2,000	1,511	0	2,000	0	0	c	0	0
n Report gram Reple	Grant Type and Number Capital Fund Program Grant No: OH16 Replacement Housing Factor Grant No:	Quantity			-		A ANALYSIA A											-			
d Evaluatic Fund Prog	Grant Type and Number Capital Fund Program Gra Replacement Housing Fac	Dev. Acct No.		1406	1410	1450	1450	1460	1460	1460	1460	1460	1460	1460	1465	1475	1460	1460	1175	147.2	1460
Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages	PHA Name: NOBLE METROPOLITAN HOUSING AUTHORITY	General Description of Major Work Categories		OPERATIONS	SALARIES	LANDSCAPING	CONCRETE REPLACE	KITCHEN RENOVATION	FURNACE REPLACE	FLOOR COVERING	DOOR REPLACEMENT	BATH RENOVATION	PAINTING	LOCKS	APPLIANCES	COMPUTER UPGRADE	PROVIDE AC	WASHER/DRYER	MAINTENACE TRICK	TRASH RECEPTACLES	LIGHT FIXTURES
Capital Fund Program and Part II: Supporting Pages	PHA Name: NOBLE METROPOLI	Development Number Name/HA- Wide Activities		PHA-WIDE	PHA-WIDE	PHA-WIDE	PHA-WIDE	PHA-WIDE	PHA-WIDE	PHA-WIDE	PHA-WIDE	PHA-WIDE	PHA-WIDE	-	2	PHA-WIDE	2		DLIA WITNE	7.11A-WIDE 2	

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Annual State	Annual Statement/Performance and	ž .	Evaluation Report					
Capital Fund	Capital Fund Program and Capital F	Fund Pro	gram Kepia	sement Ho	using Facto	und Program Replacement Housing Factor (CFP/CFPRHF)	ZHF)	
Dart II. Sup	Part II: Supporting Pages		l		l			
PHA Name: NOBLE METROPOL	PHA Name: noble metropolitan housing authority	Grant Type and Number Capital Fund Program Gra Replacement Housing Fac	Capital Fund Program Grant No: OH16 Seplacement Housing Factor Grant No:	Frant Type and Number Capital Fund Program Grant No: OH16 P069 50109 Replacement Housing Factor Grant No:		Federal FY of Grant: 2009	ıt: 2009	
Development	General Description of	Dev. Acct	Quantity	Total Estir	Total Estimated Cost	Total Actual Cost	ıal Cost	Status of
Number	Major Work Categories	No.						Work
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Wide								
Activities								
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PHA-WIDE	OFFICE FURNITURE	1475		0	0			
1	PATIO FURNITURE	1475		0	3,000	THE STATE OF THE S	they were the construction of the construction	SOUTHWATERS AND
PHA-WIDE	MOWING EQUIPMENT	1475		6,000	2,000			

OH69-2 0 32,900	OH69-1 1,511 57,300
	OH69-2 0 32,900

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

	und Program Replacement Housing Factor (CFP/CFPRHF)		Federal FY of Grant: 2009	ended Reasons for Revised Target Dates Bate)	1 Actual	
	cement Ho		000 50109	All Funds Expended (Quarter Ending Date)	Revised	
n Report	ram Repla		Type and Number al Fund Program No: OH 16 P069 50109	A) (Qu	Original	***************************************
Evaluation Report	Sold pun		Grant Type and Number Capital Fund Program No: OH 1 Replecement Housing Easter No:	nted Date)	Actual	
	Capital	chedule	Grant Capit	All Fund Obligated (Quarter Ending Date)	Revised	
/Performa	Lem and	intation Se	SING AUTHORI	All J (Quar	Original	and or finite receivance of Surfaces of Su
Annual Statement/Performance and	Capital Fund Program and Capital F	Part III: Implementation Schedule	PHA Name: NOBLE METROPOLITAN HOUSING AUTHORITY	Development Number Name/HA-Wide		

8. Capital Fund Program Five-Year Action Plan

Capital Fund Pro Part I: Summary	rogram Fiv	Capital Fund Program Five-Vear Action Plan Part I: Summary			
PHA Name Noble metropolitan housing Authority	HOUSING			Original 5-Year Plan Revision No:	
Development Number/Name/ HA-Wide	Year 1	Work Statement for Year 2	Work Statement for Year 3	Work Statement for Year 4	Work Statement for Year 5
		FFY Grant: OH16 P069-50110 PHA FY: 2011	FFY Grant: OH16 P069 50111 PHA FY: 2012	FFY Grant: OH16 P069 50112 PHA FY: 2013	FFY Grant: OH16 P069 50113 PHA FY: 2014
	Annual Statement				
HA-WIDE		\$20,650.00	\$28,750.00	\$20,850.00	\$42,950.00
1-69HO		\$50,200.00	\$31,800.00	\$52,700.00	\$28,300.00
OH69-2		\$28,900.00	\$17,400.00	\$19,400.00	\$31,900.00
The description of the second		August a constitutive and was a constitutive and a			
			Action of the second of the se		
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			The state of the s	**************************************	
CFP Funds Listed		\$99,7500.00	\$77,950.00	\$92,950.00	\$103,150.00
for 5-year planning	~~~~				
				Achterior production in the state of the sta	
Replacement Housing Factor Funds					
				Prince and the second s	

8. Capital Fund Program Five-Year Action Plan

Capital Partial	Capital Fund Program Five-Year Action Pla Part II: Supporting Pages—Work Activities	Year Action Plan Vork Activities			TOTAL STATE OF THE	The state of the s
Activities	Act	Activities for Year: 2 FFY Grant: OH16 P069 50110	- (Acti	Activities for Year: 3	
Year 1	₹ ₹	PHA FY: 2011		• • • • • • • • • • • • • • • • • • •	PHA FY: 2012	
	Development	Major Work	Estimated Cost	Development	Major Work	Estimated
	Name/Number	Categories		Name/Number	Categories	Cost
See	OH 69 -2	Provide AC	\$500.00	7- 69 HO	Provide AC	\$500.00
Annual	HA-WIDE	Tractor/Mower	\$2,000.00	HA-WIDE	Operations	\$9,150.00
Statement	HA-WIDE	Operations	\$9,100.00	HA-WIDE	Computer Upgrades	\$2,000.00
	HA-WIDE	Computer Upgrades	\$5,000.00	HA-WIDE	Admin	\$4,600.00
	HA-WIDE	Admin	\$4,550.00	OH 69-1,2	Landscaping	\$1,000.00
	OH 69-1,2	Landscaping	\$1,500.00	OH 69-1,2	Interior Doors	\$3,500.00
	OH 69-1,2	Interior Doors	\$3,500.00	OH 69-1,2	Interior Painting	\$2,100.00
	OH 69-1,2	Interior Painting	\$2,100.00	OH 69-1,2	Floor Coverings	\$7,000.00
	OH 69-1,2	Floor Coverings	\$8,000.00	OH 69-1,2	Appliances	\$2,500.00
	OH 69-1,2	Appliances	\$3,000.00	OH 69-1,2	Bath Renovation	\$6,000.00
	OH 69-1,2	Bath Renovation	\$6,000.00	OH 69-1,2	Concrete	\$15,000.00
	OH 69-1	Concrete	\$5,000.00	HA-WIDE	Office Furniture	\$1,000.00
	OH 69-2	Furnaces	\$2,000.00	OH 69-1,2	Kitchen Renovations	\$5,000.00
	OH 69-1,2	Kitchen Renovations	\$5,000.00	0H69 - 1	Washer/Dryer	\$4,000.00
	The second secon	To A CHIMINE PARKET THE MAN WAS NOT THE METAL TO A CHIMINE PARKET.	**************************************	The state of the s	Hookups	
	OH 69-1	Washer/Dryer Hookups	\$4,000.00	OH 69- 2	Furnaces	\$1,000.00
	OH 69-1	Light Fixtures	\$3,000.00	OH 69-1	Light Fixtures	\$1,500.00
	OH 69-2	Siding	\$25,000.00	HA-WIDE	Mowing Equipment	\$12,000.00
	OH 69-1,2	Disposals	\$500.00	OH 69-1,2	Disposals	\$100.00
	OH 69-1	Insulation	\$10,000.00	AMERICAN WAS CONTROL OF THE STATE OF THE STA	HITTORY OF THE STATE OF THE STA	
	Total CFP Estimated Cost	Cost	\$99,750.00			\$77,950.00

8. Capital Fund Program Five-Year Action Plan

Capital Fund Program Five-Vear Action Plan Part II: Supporting Pages—Work Activities	ram Five-Year Act	ion Plan tivities			
A	Activities for Year: 4 FFY Grant: OH16 P069 50112 DHA EV: 2013	12	Ac FF	Activities for Year: 5 FFY Grant: 0H16 P069 50113 PHA FV: 2014	
Development	Major Work	Estimated Cost	Development Name/Number	Major Work	Estimated Cost
OH 69 -2	Provide AC	\$1,000.00	OH 69 -2	Provide AC	\$1,500.00
OH 69-1	Patio Furniture	\$3,000.00	OH 69-1,2	Disposals	\$100.00
HA-WIDE	Operations	\$9,200.00	HA-WIDE	Operations	\$9,250.00
HA-WIDE	Computer Upgrades	\$5,000.00	HA-WIDE	Computer Upgrades	\$2,000.00
HA-WIDE	Admin	\$4,650.00	HA-WIDE	Admin	\$4,700.00
OH 69-1,2	Landscaping	\$1,500.00	OH 69-1,2	Landscaping	\$1,000.00
OH 69-1,2	Interior Doors	\$3,500.00	OH 69-1,2	Interior Doors	\$3,500.00
OH 69-1,2	Interior Painting	\$2,100.00	OH 69-1,2	Interior Painting	\$2,100.00
OH 69-1,2	Floor Coverings	\$8,000.00	OH 69-1,2	Floor Coverings	\$7,000.00
OH 69-1,2	Appliances	\$2,500.00	OH 69-1,2	Appliances	\$2,500.00
OH 69-1,2	Bath Renovation	\$6,000.00	OH 69-1,2	Bath Renovation	\$6,000.00
OH 69-1,2	Concrete	\$8,000.00	OH 69-1,2	Concrete	\$10,000.00
0H 69-2	Furnaces	\$2,000.00	OH 69-2	Furnaces	\$2,000.00
OH 69-1,2	Kitchen Renovations	\$5,000.00	OH 69-1,2	Kitchen Renovations	\$5,000.00
0H 69-1	Light Fixtures	\$3,000.00	OH 69-1	Light Fixtures	\$1,500.00
OH 69 1	Washer/Dryer Hookups	\$4,000.00	OH 69 – 1	Washer/Dryer Hookups	\$4,000.00
OH 69-1	Trash Receptacles	\$7,000.00	OH 69 - 1	Trash Receptacles	\$3,000.00
OF 69-1,2	Disposals	\$500.00	OH 69 - 2	Locks /Hardware	\$6,000.00
0H 69-1	Fencing	\$15,000.00	HA-WIDE	Maintenance Vehicle	\$25,000.00
HA-WIDE	Mowing Equipment	\$2,000.00	HA-WIDE	Mowing Equipment	\$2,000.00
			OH 69 - 2	Shed Doors	\$5,000.00
Total CFP Estimated Cost	imated Cost	\$92,950.00			\$103,150.00